

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048329

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12424

FILED JAN 2 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

1 yr. 6 mo.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Chronic Hosp.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits

Yes ☐ No ☐

c. CITY

OR TOWN

St. Louis

d. STREET ADDRESS

307 S. Euclid Ave.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Elizabeth

Middle

Last

Flaherty

4. DATE OF DEATH

Month

Day

Year

12-25-62

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

3-27-78

9. AGE (last birthday)

84

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WAITRESS

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Ill. JERSEYVILLE

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

John Flaherty

13b. MOTHER'S MAIDEN NAME

Mary Haggerty

14. NAME OF HUSBAND OR WIFE

SINGLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

PEARL BORMAN 4703 McPHERSON

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral artery Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

22 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral arteriosclerosis

10 yrs

DUE TO (c)

332x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Coronary artery disease & old infarction

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

5-1-61

12-25-62

and last saw her

him alive on

12-25-62

Death occurred at 3:55 a.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

5600 Arsenal

22c. DATE SIGNED

12-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Removal 12-27-62

23c. NAME OF CEMETERY OR CREMATORY

ST. FRANCIS Xavier

23d. LOCATION (City, town, or county)

Jerseyville Ills.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Arthur J. Donnelly 3840 Rindell

25. DATE RECD. BY LOCAL REG.

DEC 26 1962

26. REGISTRAR'S SIGNATURE

Paul Smith. M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300

Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Francis Williamson

Licensed Embalmer No. 3565

P. O. Address 3840 Lindale

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.